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Inquiry: I am writing you this letter to get some clarification in regards to our scope of practice, on relaxation techniques.

Respiratory therapist work with some of the most critical patients, some of these patients have end stage COPD and have extreme high anxiety levels, not to mention our Asthma patients as well. Most studies will show that hospitals fall short in meeting the emotional support of our patients in a hospital setting. On a daily basis we as Respiratory Therapist and nurses deal with patients who have Chronic Lung Disease and other chronic conditions. These patients have very high anxiety levels, have panic attacks and are scared. Most Respiratory Therapist and Nurses have had little training on how to relax their patient. And often choose the wrong words when trying to calm them. Outside of a hospital setting many people choose alternative ways to help them cope with anxiety, stress, panic attacks, etc. Many of these alternatives such as self hypnosis, hypnotherapy, guided imagery, exercise, yoga, massage, music, have been documented to be very successful, in reducing or even resolving anxiety, stress, panic attacks etc. In many hospitals today nurses along with respiratory therapist and other health care professionals, have no idea on how to relax their patient. Often times a Chronic COPD patient will have a severe panic attack, instead of using a noninvasive technique, we choose too give narcotics, sedatives, or several breathing treatments with bronchodialtors, causing high cost to the hospital and or patient, and many times the patient receives too much sedation requiring intubation and being placed on a ventilator. We have all seen this scene many times. Many Nurses and RCPs try to calm a patient down by saying try too relax, relax, which usually causes the patient more stress and anxiety. As anyone ever told you to try to relax when you were upset, you just get more frustrated and upset. Should we not try to us very nice calm, and soothing words, we would all prefer, a noninvasive approach to relaxation, instead of sedatives and intubation. Several hospitals across America and England are using soothing forms of self-hypnosis and guided imagery to help relax Chronic and Acute care patients, not to mention helping with pain Management etc. We move towards our dominant thoughts, and of course if we have severe dyspnea that is where our dominant thought will be. This will lead further into anxiety, and increased dysnea. Should we move towards learning noninvasive relaxation techniques to help prevent our patients from having invasive procedures when we can. Would we not benefit the patient more by using a relaxation method to help distract the patient from his/her crisis such as helping them to imagine they are in a peaceful meadow, learning soothing, calming words, to help them relax, during those moments we are helping them focus on something peaceful and positive, giving them guidance on relaxing instead of focusing on the crisis, talking in a very calm, soothing and peaceful way. We as respiratory therapist work with some of

procedures, lack of sleep, and the health care professionals responsible to help make them well, this alone increases their anxiety level ten fold, then add the disease process. What is our scope of practice, in regards to helping these patients relax, what can we do to improve in this area. My question to you is what as Respiratory Therapist can we do to learn more relaxation techniques and what falls with in our scope of practice. We all want the safest way to help heal and support the needs of our patients.

Response: I would agree that many respiratory practitioners and nurses are under prepared to deal with many of the issues you have described in your inquiry. However, the use of these techniques would not be governed by the Respiratory Care Board or the Practice Act. Many hospitals and medical centers have developed these types of classes that patients can attend on an outpatient basis. Being a patient advocate, I think that pulmonary patients should be offered access to this type of education if it proves to benefit them.

Reference #: 2004-C-12